

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 046 ****61.25

DOCUMENT # N97000001336

1. Entity Name

SOUTH WALTON FIRST BAPTIST CHURCH, INC.



Principal Place of Business

~~24295 U.S. HWY. 331 SOUTH~~
SANTA ROSA BEACH FL 32459

Mailing Address

POST OFFICE BOX 1709
SANTA ROSA BEACH FL 32459

24388 US Hwy 331 South

2. Principal Place of Business

24388 US Hwy 331 So

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1709

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

WALTON

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

WALTON

4. FEI Number

59-3417697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, JACQUELINE
419 PITTS BAYSHORE DR
FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D BISHOP, VERNON**
STREET ADDRESS **714 BISHOP TALBOT RD.**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME **D HOLCOMB, TOM**
STREET ADDRESS **POST OFFICE BOX 1304**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME **D JOHNSON, DAVID**
STREET ADDRESS **419 PITTS BAYSHORE DR**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vernon Bishop
VERNON BISHOP - 421-04-850-267-2459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #